

**Work Order ID 154073**

Thursday, December 01, 2016 10:37:10 AM

**\*154073\***

Page 1

Item ID: D3391-023 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Mid Tube Assembly  
Start Date: 12/20/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 1/2/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: **DAS 21** Date: **DEC 01 2016** Tooling: Date: Run Start **\*NR1\***  
QC: **9-89** Date: SPC (Y/N): Date: Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3391                          | J                        |                      |         |        |              |               |               |                  |                |

100

0.00

**\*100\***

Skidtubes

Skidtubes

Skidtubes

**Memo**

0.21

1-Cut tube to finish length as per Dwg D3391

2-Drill pilot holes using DT8796 (Do not drill "B" holes) and drill only 1 fwd saddle hole on one side only as per Dwg D3391

3-Open saddles and GHW holes to Ø0.4375" except for fwd saddle hole of detail "J"

4-Remove .030" from Fwd indexing Ridge as per Dwg D3391

5-Remove indexing ridge on Fwd &amp; Aft end of skidtube as per Dwg D3391

6-Deburr, scibe batch # on aft end.

7- Locate D3391-021 in D3391-023 at 9.00" (see view **E-K**)

8- Transfer drill one fwd saddle hole only to .188" dia, transfer drill all remaining fwd saddle holes using DT 8149 locating from previously drill .188" dia hole, using t-pins and clicos to ensure perfect allingment, open up previously tranfer drilled pilot holes in D3391-023/-021 using drill press.

ON FIRST SIDE ONLY drill out 2nd and forth fwd saddles holes to 0.500" as per

ON 2ND SIDE ONLY ream out 2nd and forth saddle hole to 0.499".

D3391-021 BATCH: **154070****17-02-22**  
**D.T.****17-02-23**  
**D.T.**



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                                                                                                    |  |

**Work Order ID 154073**

Thursday, December 01, 2016 10:37:10 AM

**\*154073\***

Page 2

Item ID: D3391-023

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Mid Tube Assembly

Start Date: 12/20/2016 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 1/2/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

9- Drill #30 pilot holes using wearplate Jig DT8217 Identify Ø0.375" holes with paint marker,

\*\*\*DO NOT DRILL HOLES #3-19-20 FROM FWD END OF JIG\*\*\*

Locating from two fwd wearplate holes in D3391-023 drill remaining 6 wearplate holes in D3391-021 using DT8937

10- Open wearplate holes of D3391-023 assembly detail section G-G to Ø0.375" (10 holes) as per Dwg D3391

Open wearplate holes of D3391-023 assembly detail section H-H to Ø0.297" (20 holes) as per Dwg D3391

Deburr and blow out all chips from inside tube, scribe batch # in D3391-023 at aft end.

11- Open 10 wearplate holes in D3391-021 to 0.297" dia.

12- DEBURR AND BLOW OUT CHIPS

110

QC5- Inspect part completeness to step on W/O

0.00

**\*110\***

QC

Memo

0.00

Quality Control

17-02-27  
D.H.

Pro

DAS  
38  
9-89

MAR 02 2017



DQA:

Date:

2017-04-05



QA Closed

Date:

APR 04 2017

## WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only ☐

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| Work Order: <u>154073</u><br>Part No. <u>D3391-023</u><br>NCR No. <u>17-6372</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>DISPOSITION</b><br>Rework <input checked="" type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input checked="" type="checkbox"/></td> <td style="width:15%;">Cross tube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                        |                                                                                                                                                               | Skid-tube <input checked="" type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/>   | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>    | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>  | Thermoforming <input type="checkbox"/>   | Finishing <input type="checkbox"/>          | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>            | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |                                     |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                                          |                                           |                                           |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                                 |                                                |                                           |
| Skid-tube <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Small Fab <input type="checkbox"/>                                                                                                                                                        | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Quality <input type="checkbox"/>                       |                                               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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Date: <u>17/2/23</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                         | MRB (QSI042) Approval<br>DAS 12 9-89<br><u>17/2/23</u> |                                                                                                                                                               |                                               |                                     |                                       |                                        |                                    |                                       |                                            |                                   |                                          |      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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | Completed By<br><u>BE 17-02-24</u><br>Lead hand / Supervisor<br>Approval Verification<br><u>17-2-24</u><br>QC / QA Coordinator<br>Approval<br><u>17-03-30</u> |                                               |                                     |                                       |                                        |                                    |                                       |                                            |                                   |                                          |      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                              |                                             |                                                          |                                       |                                  |                                        |                                                 |                                                |                                           |
| <p>AA weep holes (that were removed in latest dsg rev) were drilled by mistake.</p> <p>R.C. operator rushing.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                           | <p>Acceptable to fill holes with weld. 1CA-D412-742 allows welding in this region. A/R M131562 BE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                       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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td>Environment <input type="checkbox"/></td><td><input type="checkbox"/> No Re-verification</td></tr> <tr><td>Design <input type="checkbox"/></td><td><input checked="" type="checkbox"/> Operator</td></tr> <tr><td>Doc/Data <input type="checkbox"/></td><td><input type="checkbox"/> Offset/Setup</td></tr> <tr><td>Equip/Tooling <input type="checkbox"/></td><td><input type="checkbox"/> Supplier</td></tr> <tr><td>Handling/Pre <input type="checkbox"/></td><td><input type="checkbox"/> Training</td></tr> <tr><td>Material <input type="checkbox"/></td><td><input type="checkbox"/> Use for Testing</td></tr> <tr><td>Internal Transport <input type="checkbox"/></td><td><input type="checkbox"/> Poor Information</td></tr> <tr><td>Tribal Knowledge <input type="checkbox"/></td><td><input type="checkbox"/> Rushing</td></tr> <tr><td>LOA <input type="checkbox"/></td><td><input type="checkbox"/> Product Improvement</td></tr> <tr><td>Substation <input type="checkbox"/></td><td><input type="checkbox"/> Process Improvement</td></tr> <tr><td>Past Expiry Date <input type="checkbox"/></td><td><input type="checkbox"/> Manufacturing Process</td></tr> <tr><td>Misidentified <input type="checkbox"/></td><td><input type="checkbox"/> Past Due</td></tr> </table> |                                                                                                                                                                                           | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> No Re-verification            | Design <input type="checkbox"/>                                                                                                                               | <input checked="" type="checkbox"/> Operator  | Doc/Data <input type="checkbox"/>   | <input type="checkbox"/> Offset/Setup | Equip/Tooling <input type="checkbox"/> | <input type="checkbox"/> Supplier  | Handling/Pre <input type="checkbox"/> | <input type="checkbox"/> Training          | Material <input type="checkbox"/> | <input type="checkbox"/> Use for Testing | Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information    | Tribal Knowledge <input type="checkbox"/> | <input type="checkbox"/> Rushing   | LOA <input type="checkbox"/>       | <input type="checkbox"/> Product Improvement | Substation <input type="checkbox"/> | <input type="checkbox"/> Process Improvement | Past Expiry Date <input type="checkbox"/> | <input type="checkbox"/> Manufacturing Process | Misidentified <input type="checkbox"/> | <input type="checkbox"/> Past Due | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Pressure/Forced</td> <td style="width:25%;"><input type="checkbox"/> Temperature/Cure</td> <td style="width:25%;"><input type="checkbox"/> Power Loss/Surge</td> <td style="width:25%;"><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Set-up</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td><input type="checkbox"/> Centre Not Concentric</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain</td> <td><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td> <td><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Cuffs</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Part Moved</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> Countersink</td> <td><input type="checkbox"/> Off-set</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Heat Treat</td> <td><input type="checkbox"/> Cut Too Short</td> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Wave/Twist in Tube</td> <td><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Marks/Chatter</td> <td><input checked="" type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Turning Sequence</td> </tr> </table> |  |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Set-up | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Marks/Chatter | <input checked="" type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence |
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| <input type="checkbox"/> Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input type="checkbox"/> Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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**\*154073\***

Thursday, December 01, 2016 10:37:10 AM

**\*N900040100\***

**Setup Start \*NS1\***

Stop \*NS2\*

**Start Date:** 12/20/2016 **Start Qty:** 1.00 **\*1\***

**Cust Item ID:**

**Required Date:** 1/2/2017      **Req'd Qty:** 1.00      **\*1\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Tooling:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

**Stop** **\*NR2\***

**Insp.  
Stamp**

Chemical Conversion Coat per QSI005 4.1

0.00

**\*120\***

## Memo

0.04

**HandFinish**

## Hand Finishing

130

### QC7-Inspect Chemical Conversion Coat

0.00

**\*130\***

## Memo

0.00

QC

### Quality Control

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | MRB (QS1042) Approval                                                                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                    |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                    |  |
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**Work Order ID 154073**

Thursday, December 01, 2016 10:37:10 AM

**\*154073\***

Page 4

Item ID: D3391-023 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Mid Tube Assembly  
Start Date: 12/20/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 1/2/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                                                                                                                                                                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140                            | Skidtubes                                                                                                                                                                                                                                                                                          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                                                                                                                                                                                                    |                      |         |        |              |               |               |                  |                |
| Skidtubes                      | <b>Memo</b>                                                                                                                                                                                                                                                                                        | 0.09                 |         |        |              |               |               |                  |                |
| Skidtubes                      | 1-Open float bag holes as per dwg<br>2-C'sink float bag holes as per dwg<br>3- Prepare tube for welding<br>4-Bond web in place as per Dwg D3391 & QSI 015.<br>Adhere for 12 hours)<br>A/R Sikaflex exp: <u>17-12-7</u><br>batch#: <u>7136652</u><br>NOTE:ENSURE WEB IS INSERTED IN AFT END OF TUBE |                      |         |        |              |               |               |                  |                |
| 150                            | QC5- Inspect part completeness to step on W/O                                                                                                                                                                                                                                                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                                                                                                                                                                                                                                                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | <b>Memo</b>                                                                                                                                                                                                                                                                                        | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                                                                                                                                                                                                                                    |                      |         |        |              |               |               |                  |                |

**DAS 18 9-89**

**17-3-2**

**1 0 17-03-06**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                    |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QSI042) Approval                                                                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                    |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |



**Work Order ID 154073**

Thursday, December 01, 2016 10:37:10 AM

**\*154073\***

Page 5

Item ID: D3391-023 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Mid Tube Assembly  
Start Date: 12/20/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 1/2/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                 | Set Up/<br>Run Hours | Tool ID | Tool #      | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------|----------------------|---------|-------------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Skidtubes                                                                | 0.00                 |         |             |              |               |               |                  |                |
| <b>*160*</b>                   |                                                                          |                      |         |             |              |               |               |                  |                |
| Skidtubes                      | Memo                                                                     | 0.13                 |         |             |              |               |               |                  |                |
| Skidtubes                      | 1-Weld crossbolt spacer as per dwg D3391 & QSI 004<br>2-grind weld flush |                      |         | AIR M136158 |              |               |               |                  |                |
| 170                            | QC10- Inspect visual per QSI004- ground welds                            | 0.00                 |         |             |              |               |               |                  |                |
| <b>*170*</b>                   |                                                                          |                      |         |             |              |               |               |                  |                |
| QC                             | Memo                                                                     | 0.00                 |         |             |              |               |               |                  |                |
| Quality Control                |                                                                          |                      |         |             |              |               |               |                  |                |
| 180                            | QC5- Inspect part completeness to step on W/O                            | 0.00                 |         |             |              |               |               |                  |                |
| <b>*180*</b>                   |                                                                          |                      |         |             |              |               |               |                  |                |
| QC                             | Memo                                                                     | 0.00                 |         |             |              |               |               |                  |                |
| Quality Control                |                                                                          |                      |         |             |              |               |               |                  |                |

DAS 38 9-89  
MAR 23 2017

DAS 38 9-89  
MAR 23 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 | MRB (QSI042) Approval             |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |



**Work Order ID 154073****\*154073\***

Page 6

Thursday, December 01, 2016 10:37:10 AM

Item ID: D3391-023 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Mid Tube Assembly  
Start Date: 12/20/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 1/2/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                             | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 185                            | Pressure Wash per QSI005 4.3                                         | 0.00                 |         |        |              |               |               |                  |                |
| <b>*185*</b>                   |                                                                      |                      |         |        |              |               |               |                  |                |
| HandFinish                     | Memo                                                                 | 0.07                 |         |        |              |               |               |                  |                |
| Hand Finishing                 | AND REALODINE AS PER PAR09-043                                       |                      |         |        |              |               |               |                  |                |
| 190                            |                                                                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*190*</b>                   |                                                                      |                      |         |        |              |               |               |                  |                |
| SprayPaint                     | Memo                                                                 | 0.33                 |         |        |              |               |               |                  |                |
| Spray Painting                 | PRIME AS PER DWG AND QSI005 4.2.1.3.3<br>PRIMER BATCH: <u>136772</u> |                      |         |        |              |               |               |                  |                |
|                                | PAINT AS PER DWG AND QSI005 4.2.2.4<br>PAINT: <u>136996</u>          |                      |         |        |              |               |               |                  |                |
| 200                            | QC14- Inspect Spray Paint                                            | 0.00                 |         |        |              |               |               |                  |                |
| <b>*200*</b>                   |                                                                      |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                 | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                      |                      |         |        |              |               |               |                  |                |

Handwritten notes and stamps:

- Handwritten: **X1** (circled), **2017/03/24**, **BEB**
- Stamp: **DAS 41 9-89**
- Stamp: **MAR 27 2017**
- Stamp: **DAS 15 9-89**
- Handwritten: **12/03/28**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |                                   |                                   |                                       |                                                                                                              |                                   | Skid-tube <input type="checkbox"/>    | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/>     | Machining <input type="checkbox"/>          | Small Fab <input type="checkbox"/>        | Prod. 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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;">No Re-verification <input type="checkbox"/></td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;">Operator <input type="checkbox"/></td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;">Offset/Setup <input type="checkbox"/></td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;">Supplier <input type="checkbox"/></td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;">Training <input type="checkbox"/></td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;">Use for Testing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;">Poor Information <input type="checkbox"/></td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;">Rushing <input type="checkbox"/></td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;">Product Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;">Process Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;">Manufacturing Process <input type="checkbox"/></td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;">Past Due <input type="checkbox"/></td></tr> </table> |                                                            | Environment <input type="checkbox"/>                                                                                                                                               | No Re-verification <input type="checkbox"/>   | Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/>                                                                       | Supplier <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>   | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/>  | Rushing <input type="checkbox"/> | LOA <input type="checkbox"/>           | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/>          | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Pressure/Forced <input type="checkbox"/></td><td style="border: none;">Temperature/Cure <input type="checkbox"/></td><td style="border: none;">Power Loss/Surge <input type="checkbox"/></td><td style="border: none;">Positioned Wrong <input type="checkbox"/></td></tr> <tr><td style="border: none;">Bending <input type="checkbox"/></td><td style="border: none;">Set-up <input type="checkbox"/></td><td style="border: none;">Folio/Program <input type="checkbox"/></td><td style="border: none;">Outside Dimensions <input type="checkbox"/></td></tr> <tr><td style="border: none;">Centre Not Concentric <input type="checkbox"/></td><td style="border: none;">BOM/Route <input type="checkbox"/></td><td style="border: none;">Grain <input type="checkbox"/></td><td style="border: none;">Over/Under tolerance <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cracks <input type="checkbox"/></td><td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td><td style="border: none;">Weld <input type="checkbox"/></td><td style="border: none;">Part Incorrect <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td><td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td><td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td><td style="border: none;">Part Lost/Missing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cuffs <input type="checkbox"/></td><td style="border: none;">Contamination <input type="checkbox"/></td><td style="border: none;">Out of Sequence <input type="checkbox"/></td><td style="border: none;">Part Moved <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crushing <input type="checkbox"/></td><td style="border: none;">Countersink <input type="checkbox"/></td><td style="border: none;">Off-set <input type="checkbox"/></td><td style="border: none;">Drawing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Heat Treat <input type="checkbox"/></td><td style="border: none;">Cut Too Short <input type="checkbox"/></td><td style="border: none;">Mislabeled <input type="checkbox"/></td><td style="border: none;">Finish <input type="checkbox"/></td></tr> <tr><td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td><td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td><td style="border: none;">Fit/Function <input type="checkbox"/></td><td style="border: none;">Misread <input type="checkbox"/></td></tr> <tr><td style="border: none;">Marks/Chatter <input type="checkbox"/></td><td style="border: none;">Drill Holes <input type="checkbox"/></td><td style="border: none;">Misaligned/off center <input type="checkbox"/></td><td style="border: none;">Turning Sequence <input type="checkbox"/></td></tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                       | Over/Under tolerance <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                       | Part Moved <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                       | Drawing <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                       | Finish <input type="checkbox"/>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                       | Misread <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                     | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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**\*154073\***

Thursday, December 01, 2016 10:37:10 AM

**\*N900040100\***

**Setup Start \*NS1\***

Stop \*NS2\*

**Start Date:** 12/20/2016    **Start Qty:** 1.00    **\*1\***

**Cust Item ID:**

**Required Date:** 1/2/2017      **Req'd Qty:** 1.00      **\*1\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:**      **Date:**      **Tooling:**      **Date:**

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

**Insp.  
Stamp**

0.00

**\*230\***

## HandFinishing

0.10

**HandFinish**

## Memo

## Hand Finishing

1-Install Inserts as per Dwg

240

QC5- Inspect part completeness to step on W/O

0.00

**\*240\***

0.00

QC

## Memo

## Quality Control

DAS  
38  
9-89

MAR 29 2017

250

Identify as per dwg & Stock Location: W/C

0.00

**\*250\***

0.05

## Packaging

## Memo

### Packaging

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                     |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                               |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Completed By</b>                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Lead hand / Supervisor Approval Verification</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>QC / QA Coordinator Approval</b>                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                     |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                     |  |

**Work Order ID 154073**

Thursday, December 01, 2016 10:37:10 AM

**\*154073\***

Page 8

Item ID: D3391-023 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Mid Tube Assembly  
Start Date: 12/20/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 1/2/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 260                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*260*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

17/3/30 *[Signature]*

DAS  
21  
9-89

MAR 29 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                              |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  | Lead hand / Supervisor Approval Verification                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator Approval |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  |                                                                                                                   |  |  |

| Root Cause                                  |                                                |                                                 | FAULT CATEGORY                                             |                                                |                                               |  |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | <b>OTHER :</b> _____                            |                                                            |                                                |                                               |  |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |  |

# Picklist Print

Thursday, December 01, 2016 10:37:10 AM

Page 1  
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Work Order ID: 154073

**\*154073\***

Parent Item: D3391-023

**\*D3391-023\***

Parent Item Name: Mid Tube Assembly

Start Date: 12/20/2016

Required Date: 1/2/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP A05.10.20 New Issue KJ/EC  
IPP B06.02.10 ECN 773 dwg rev.D EC  
IPP C 07.03.20 rev F dwg EC  
IPP D 07.03.28 re-format EC  
IPP E 07.10.31 ecn 1053P EC  
IPP Rev:F ECN 1056 07-11-13 DD verified by: EC  
IPP Rev:G 08-09-08 new process (ecn 08-510) DD verified by:EC  
IPP Rev:H 08-09-10 revH as per dwg DD verified by:EC  
IPP Rev: I 08-11-13 Removed steps per w/o, QC KJ verified by: ec IPP  
Rev:J add in seq 140 expire date &b# sikaflex DD 10.02.17 verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

D2500-1-190

Manufactured No

Each 96.0000

1

**\*D2500-1-190\***

**\*\***

Ext'n -I' Beam Tube 4"

*17-02-22*  
*DT*

Location

Loc Qty

Loc Code

HALL

96

145247

11

151612

85

D3591-1

Manufactured No

Each 39.0000

2

**\*D3591-1\***

**\*\***

Bushing

*11 12/03/29*

Location

Loc Qty

Loc Code

FG

10

115645

4

92873

6

FP001

29

134643

9

141636

6

149167

14

*B153743*

*v2*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |



# Picklist Print

Thursday, December 01, 2016 10:37:10 AM

Page 2

Work Order ID: 154073

**\*154073\***

Parent Item: D3391-023

**\*D3391-023\***

Parent Item Name: Mid Tube Assembly

Start Date: 12/20/2016

Required Date: 1/2/2017

Start Qty: 1.00

Required Qty: 1.00

D3389-1 Manufactured No

140 Each 10.0000 1 1

**\*D3389-1\***

Web

154802

\*\*

① DP 173-2

Location

Loc Qty

Loc Code

LG002

10

149196

10

D3681-1 Manufactured No

160 Each 120.0000 5 5

**\*D3681-1\***

Spacer

\*\*

BE 1703-06  
B153806 x5

Location

Loc Qty

Loc Code

LG001

120

145956

1

151967

4

152459

115

ALS4-1032-130 AELS4-1032-130 Purchased No

230 Each 3,340.000 20 20

**\*ALS4-1032-130\***

Rivnut

\*\*

all 12/03/29

Location

Loc Qty

Loc Code

CCK004

2364

M135442

2364

FG

50

FG

M135442

50

FP001

788

M136579

120

M133077

72

M135442

716

ST556

138

M135442

138

Thursday, December 01, 2016 10:37:10 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# D3391-041/-043 FLOAT SKIDTUBE ASSEMBLY PARTS LIST

| QTY<br>-041 | QTY<br>-043 | PART NUMBER   | DESCRIPTION             |
|-------------|-------------|---------------|-------------------------|
| X           |             | D3391-041     | FLOAT SKIDTUBE ASSEMBLY |
|             | X           | D3391-043     | FLOAT SKIDTUBE ASSEMBLY |
| 1           |             | D3391-011     | FWD TUBE ASSEMBLY       |
| 1           |             | D3391-013     | MID TUBE ASSEMBLY       |
| 1           |             | D3391-015     | AFT TUBE ASSEMBLY       |
|             | 1           | D3391-021     | FWD TUBE ASSEMBLY       |
|             | 1           | D3391-023     | MID TUBE ASSEMBLY       |
|             | 1           | D3391-025     | AFT TUBE ASSEMBLY       |
| 2           | 2           | D3591-1       | BUSHING                 |
| 4           |             | D3672-3       | WASHER                  |
| 1           | 1           | D4095-041     | WEARSHOE                |
| 1           | 1           | D4095-043     | WEARSHOE                |
| 1           | 1           | D4095-045     | WEARSHOE                |
| 1           | 1           | D4095-047     | WEARPAD                 |
| 1           | 1           | D4095-049     | WEARPAD                 |
| 1           | 1           | D4095-051     | WEARSHOE                |
| 24          | 24          | AN3C4A        | BOLT                    |
| 4           | 4           | AN3C6A        | BOLT                    |
| 10          | 10          | AN5C7A        | BOLT                    |
| 28          | 28          | NAS1149C0332R | WASHER                  |
| 10          | 10          | NAS1149C0632R | WASHER                  |
| 4           |             | MS27039C4-12  | SCREW                   |
| 4           |             | NAS1149C0432R | WASHER                  |

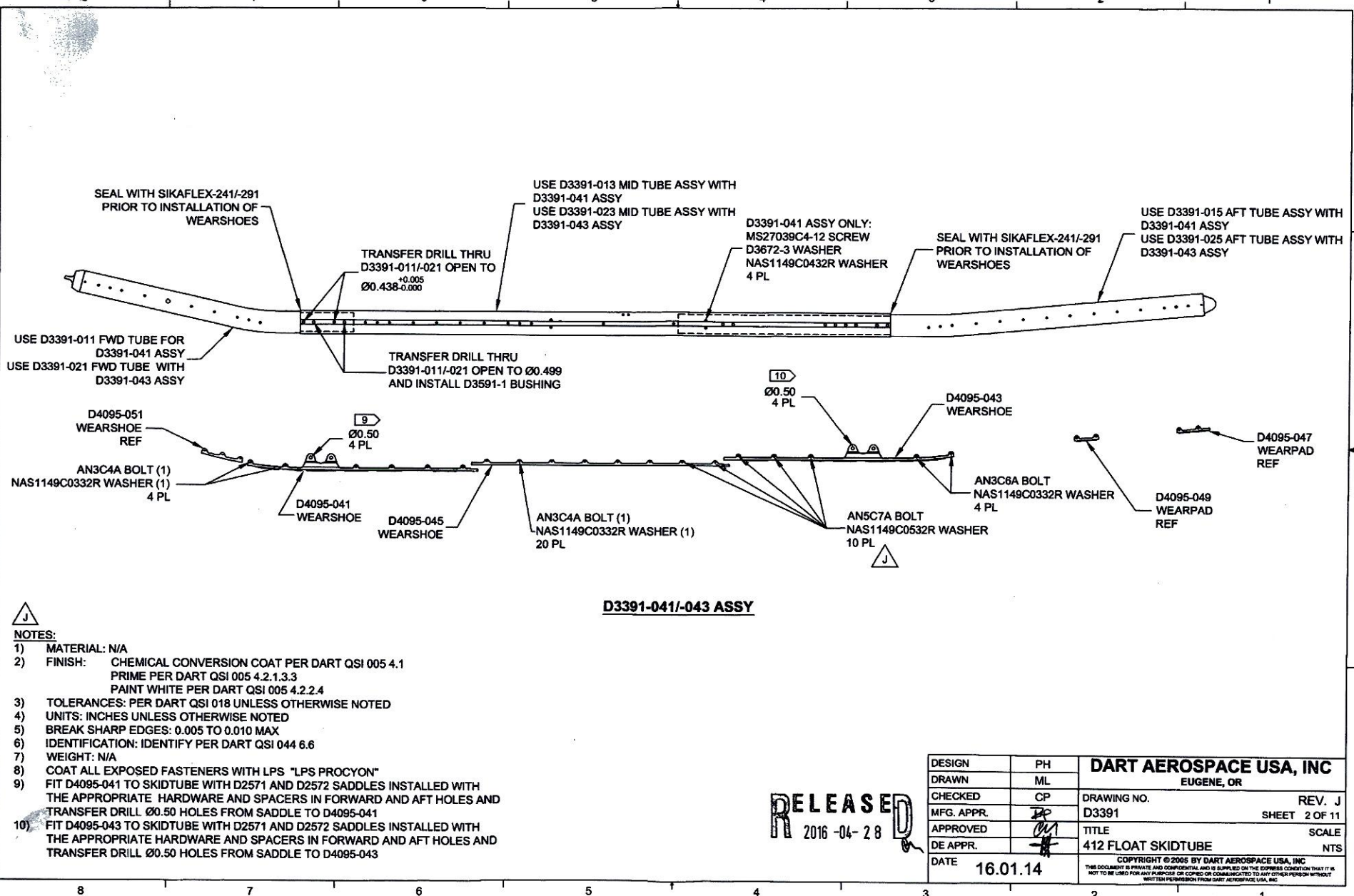


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1612-01

|            |                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |               |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| J          | INCORPORATED DSI 9733, REFORMAT DRAWING CHANGED CBORE DEPTH (ZN D2-8, D2-9), REVISED TABLES, REPLACED POWDER COAT WITH PAINT                                                                                                                                                           | ML                                                                                                                                                                                                                                                                                 | 16.01.14      |
| I          | REMOVE GASKETS AND REPLACE ALL WEARSHOES; PARTS LIST UPDATE, ZN A8-1, ZN A8-2, ZN A6-4, ZN B6-8; LPS-3 COATING REMOVED FROM NOTE 2, ZN A3-1, ZN A3-2, REMOVED INSERT AELS-1032-130, ZN B6-4, B2-4, C7-8, C3-8; REMOVED HOLES, ZN D6-4 ZN D2-4, ZN D7-8, ZN D3-8                        | XDF                                                                                                                                                                                                                                                                                | 11.10.13      |
| H          | DRAWING UPDATED TO CURRENT STANDARDS. SHT 1 PL. ADDED D3591-1 BUSHING. ZN C6 Ø0.438 DIM WAS 4 PL. ADDED Ø0.499 DIM AND D3591-1 BUSHING. SHT 2 PL. ADDED D3591-1 BUSHING. ZN C6 Ø0.438 DIM WAS 4 PL. ADDED Ø0.499 DIM AND D3591-1 BUSHING. (FOR FURTHER INFO SEE DSI 9364 & NCR 08-074) | AJS                                                                                                                                                                                                                                                                                | 08.08.20      |
| G          | REPLACE NAS INSERTS W/ AELS INSERTS SWITCH TO D3670-XXXX SPACERS FOR INSTALLING FLOAT BAGS, DWG REORGANIZED FOR CLARITY                                                                                                                                                                | DC                                                                                                                                                                                                                                                                                 | 07.07.31      |
| F          | ADD SS WEARSHOE, GASKET REMOVE FWD SADDLE HOLE -011/-021                                                                                                                                                                                                                               | PH                                                                                                                                                                                                                                                                                 | 07.01.18      |
| E          | CHANGE TOLERANCE, EASE MANUFACTURE                                                                                                                                                                                                                                                     | PH                                                                                                                                                                                                                                                                                 | 06.04.25      |
| D          | UPDATE TOLERANCE, CHANGE HOLE SIZE                                                                                                                                                                                                                                                     | PH                                                                                                                                                                                                                                                                                 | 06.01.23      |
| C          | LENGTHEN AFT EXTENSION                                                                                                                                                                                                                                                                 | PH                                                                                                                                                                                                                                                                                 | 05.09.27      |
| B          | DRAWING UPDATES                                                                                                                                                                                                                                                                        | PH                                                                                                                                                                                                                                                                                 | 05.06.10      |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                              | PH                                                                                                                                                                                                                                                                                 | 05.02.07      |
| REV        | DESCRIPTION                                                                                                                                                                                                                                                                            | BY                                                                                                                                                                                                                                                                                 | DATE          |
| DESIGN     | PH                                                                                                                                                                                                                                                                                     | <b>DART AEROSPACE USA, INC</b><br>EUGENE, OR                                                                                                                                                                                                                                       |               |
| DRAWN      | ML                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |               |
| CHECKED    | CP                                                                                                                                                                                                                                                                                     | DRAWING NO.                                                                                                                                                                                                                                                                        | REV. J        |
| MFG. APPR. | DP                                                                                                                                                                                                                                                                                     | D3391                                                                                                                                                                                                                                                                              | SHEET 1 OF 11 |
| APPROVED   | DP                                                                                                                                                                                                                                                                                     | TITLE                                                                                                                                                                                                                                                                              | SCALE         |
| DE APPR.   | DP                                                                                                                                                                                                                                                                                     | 412 FLOAT SKIDTUBE                                                                                                                                                                                                                                                                 | NTS           |
| DATE       | 16.01.14                                                                                                                                                                                                                                                                               | COPYRIGHT © 2005 BY DART AEROSPACE USA, INC<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC. |               |

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Ecn 16-916



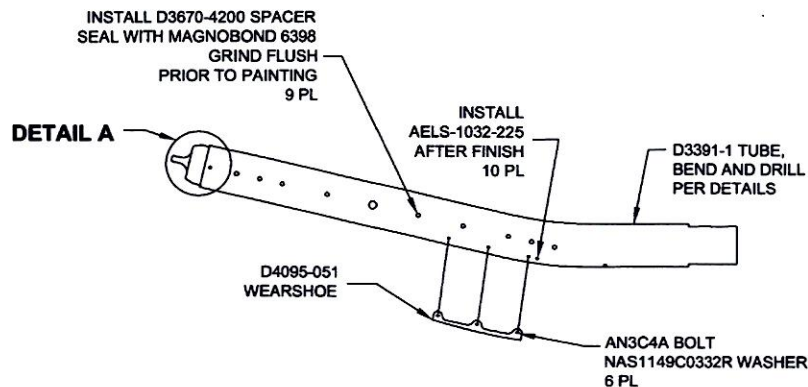


**NOTES:**

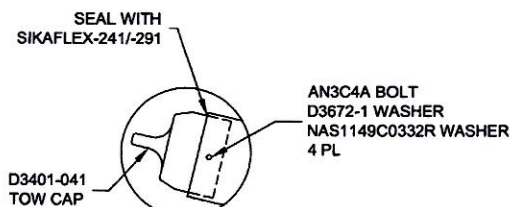
- 1) MATERIAL: N/A
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME PER DART QSI 005 4.2.1.3.3  
PAINT WHITE PER DART QSI 005 4.2.2.4
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER DART QSI 044 6.6
- 7) WEIGHT: N/A
- 8) COAT ALL EXPOSED FASTENERS WITH LPS "LPS PROCYON"
- 9) FIT D4095-041 TO SKIDTUBE WITH D2571 AND D2572 SADDLES INSTALLED WITH THE APPROPRIATE HARDWARE AND SPACERS IN FORWARD AND AFT HOLES AND TRANSFER DRILL Ø0.50 HOLES FROM SADDLE TO D4095-041
- 10) FIT D4095-043 TO SKIDTUBE WITH D2571 AND D2572 SADDLES INSTALLED WITH THE APPROPRIATE HARDWARE AND SPACERS IN FORWARD AND AFT HOLES AND TRANSFER DRILL Ø0.50 HOLES FROM SADDLE TO D4095-043

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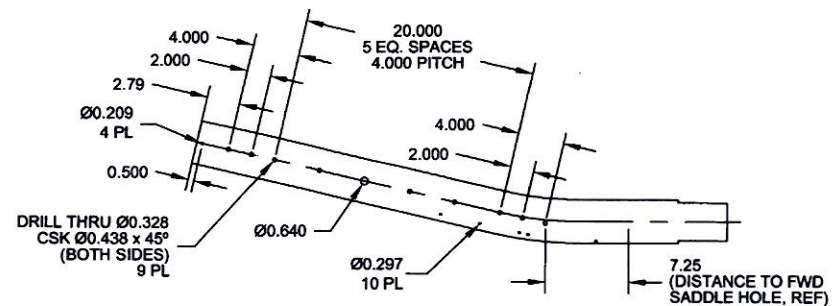
|            |          |                                                                                                                                                                                                                                                                                                    |               |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | PH       | <b>DART AEROSPACE USA, INC</b>                                                                                                                                                                                                                                                                     |               |
| DRAWN      | ML       | EUGENE, OR                                                                                                                                                                                                                                                                                         |               |
| CHECKED    | CP       | DRAWING NO.                                                                                                                                                                                                                                                                                        | REV. J        |
| MFG. APPR. | DP       | D3391                                                                                                                                                                                                                                                                                              | SHEET 2 OF 11 |
| APPROVED   | DP       | TITLE                                                                                                                                                                                                                                                                                              | SCALE         |
| DE APPR.   | DP       | 412 FLOAT SKIDTUBE                                                                                                                                                                                                                                                                                 | NTS           |
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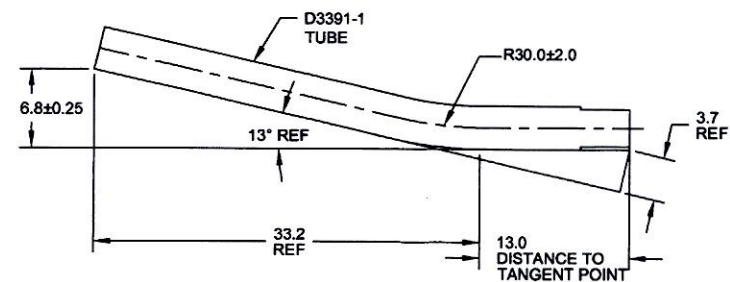
**D3391-011 FWD TUBE ASSEMBLY**  
ASSEMBLY DETAIL



**DETAIL A**  
SCALE 2X



**D3391-011 DRILLING DETAIL**



**D3391-011 BENDING DETAIL**  
(MAKE FROM D3391-1)

**D3391-011 FWD TUBE ASSEMBLY PARTS LIST**

| QTY<br>-011 | PART NUMBER   | DESCRIPTION       |
|-------------|---------------|-------------------|
| X           | D3391-011     | FWD TUBE ASSEMBLY |
| 1           | D3391-1       | TUBE              |
| 1           | D3401-041     | TOW CAP           |
| 9           | D3670-4200    | SPACER            |
| 4           | D3672-1       | WASHER            |
| 1           | D4095-051     | WEARSHOE          |
| 10          | AELS-1032-225 | INSERT            |
| 10          | AN3C4A        | BOLT              |
| 10          | NAS1149C0332R | WASHER            |

|            |          |                                                                                                                                                                                                                                                                                           |               |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | PH       | <b>DART AEROSPACE USA, INC</b><br>EUGENE, OR                                                                                                                                                                                                                                              |               |
| DRAWN      | ML       |                                                                                                                                                                                                                                                                                           |               |
| CHECKED    | CP       | DRAWING NO.                                                                                                                                                                                                                                                                               | REV. J        |
| MFG. APPR. |          | D3391                                                                                                                                                                                                                                                                                     | SHEET 3 OF 11 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                     | SCALE         |
| DE APPR.   |          | 412 FLOAT SKIDTUBE                                                                                                                                                                                                                                                                        | NTS           |
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INSTALL D3670-4200 SPACER  
SEAL WITH MAGNOBOND 6398  
GRIND FLUSH  
PRIOR TO PAINTING  
4 PL

# DETAIL B



INSTALL  
AELS-1032-225  
AFTER FINISH  
10 PL

D4095-051  
WEARSHOE

AN3C4A BOLT  
NAS1149C0332R WASHER  
6 PL

## D3391-021 FWD TUBE ASSEMBLY ASSEMBLY DETAIL

SEAL WITH  
SIKAFLEX-241/-291

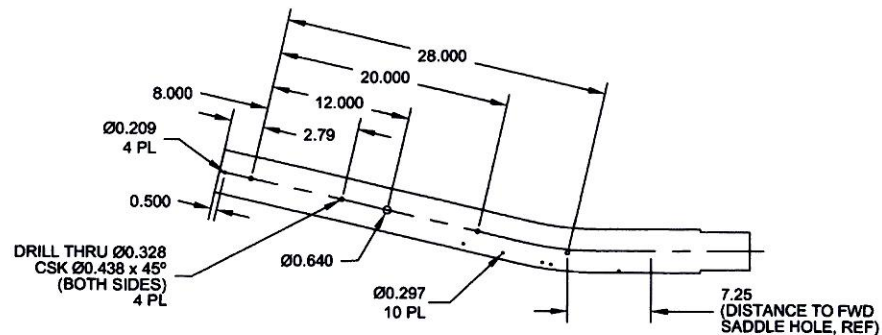
D3401-041  
TOW CAP

## DETAIL B SCALE 2X

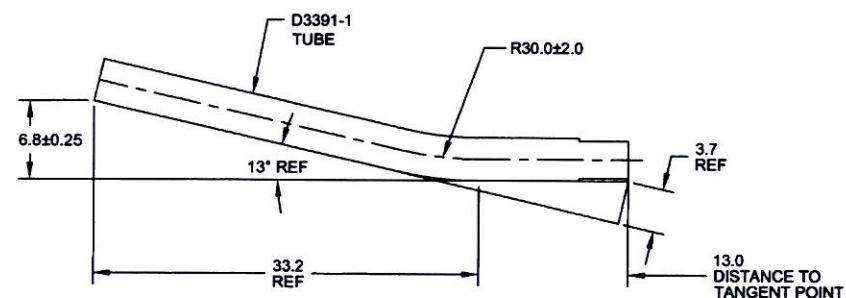
AN3C4A BOLT  
D3672-1 WASHER  
NAS1149C0332R WASHER  
4 PL

## D3391-021 FWD TUBE ASSEMBLY PARTS LIST

| QTY<br>-021 | PART NUMBER   | DESCRIPTION       |
|-------------|---------------|-------------------|
| X           | D3391-021     | FWD TUBE ASSEMBLY |
| 1           | D3391-1       | TUBE              |
| 1           | D3401-041     | TOW CAP           |
| 4           | D3670-4200    | SPACER            |
| 4           | D3672-1       | WASHER            |
| 1           | D4095-051     | WEARSHOE          |
| 10          | AELS-1032-225 | INSERT            |
| 10          | AN3C4A        | BOLT              |
| 10          | NAS1149C0332R | WASHER            |



## D3391-021 DRILLING DETAIL

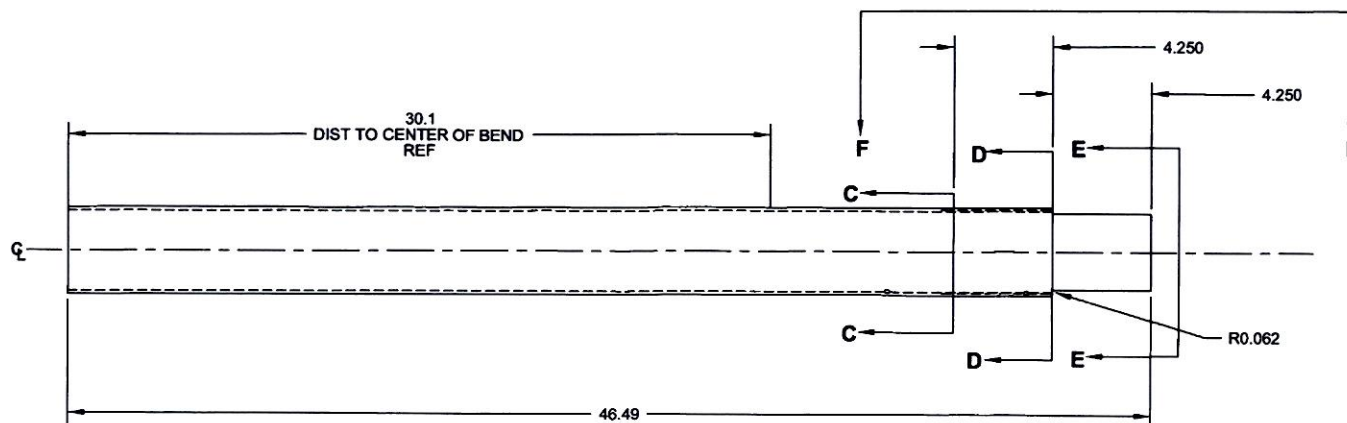


## D3391-021 BENDING DETAIL (MAKE FROM D3391-1)

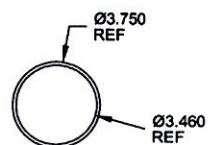
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|            |          |                                                                                                                                                                                                                                                                                        |               |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | PH       | DART AEROSPACE USA, INC<br>EUGENE, OR                                                                                                                                                                                                                                                  |               |
| DRAWN      | ML       |                                                                                                                                                                                                                                                                                        |               |
| CHECKED    | CP       | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. J        |
| MFG. APPR. | DS       | D3391                                                                                                                                                                                                                                                                                  | SHEET 4 OF 11 |
| APPROVED   | DE       | TITLE                                                                                                                                                                                                                                                                                  | SCALE         |
| DE APPR.   |          | 412 FLOAT SKIDTUBE                                                                                                                                                                                                                                                                     | NTS           |
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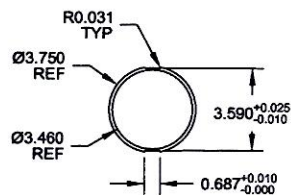




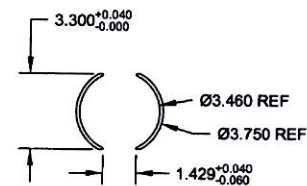
**D3391-1 TUBE**  
(MAKE FROM D6013-047 SKIDTUBE MATERIAL)



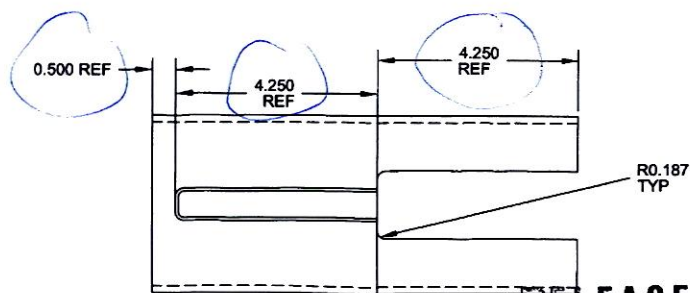
**SECTION C-C**



**SECTION D-D**



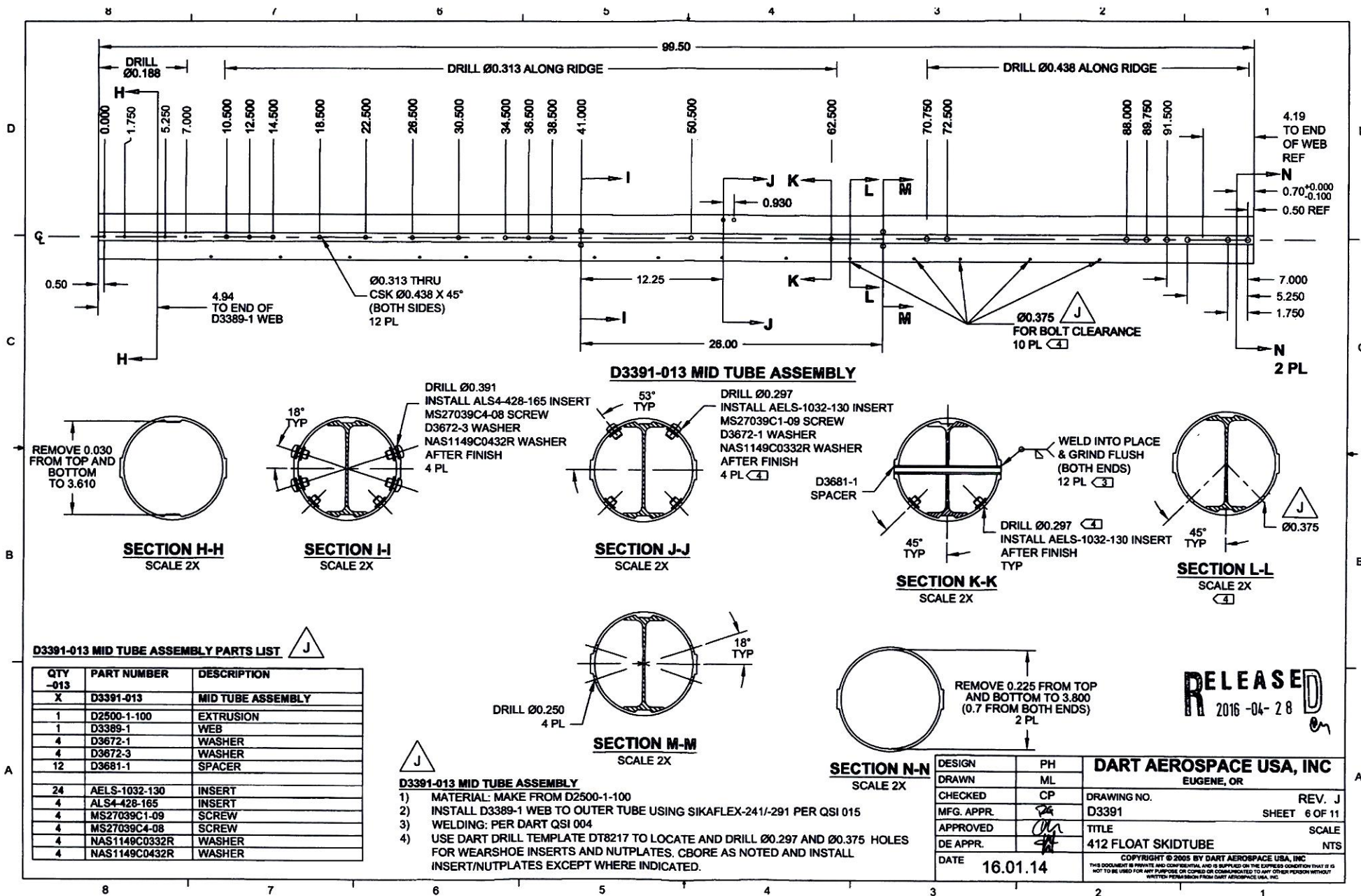
**SECTION E-E**



**VIEW F-F**  
SCALE 2X

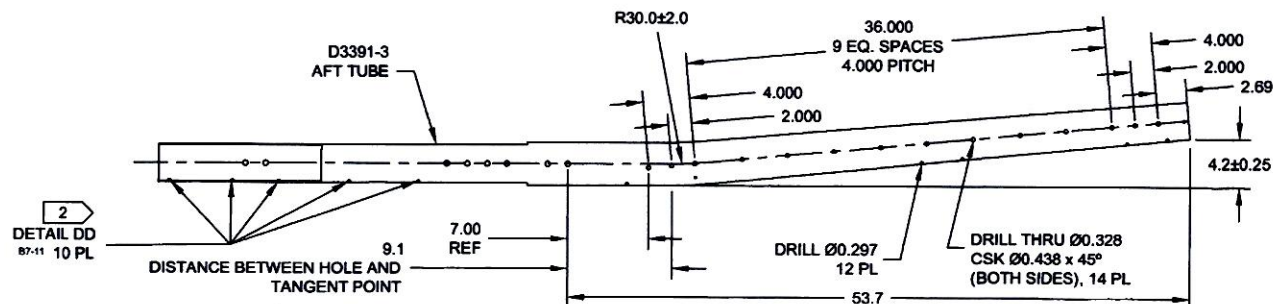
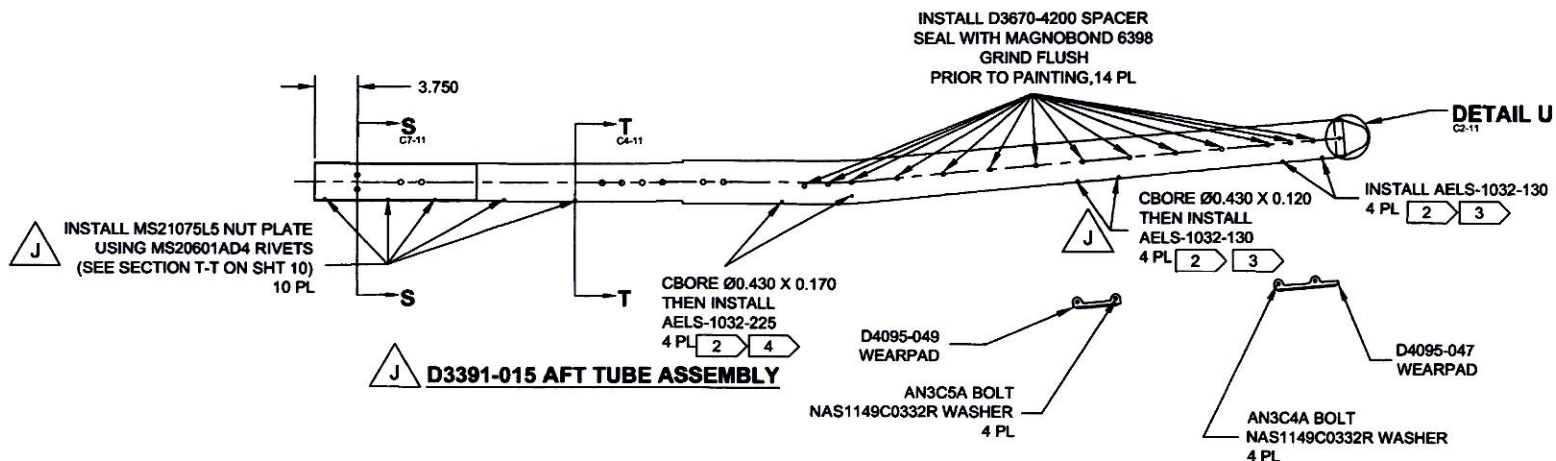
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2016-04-28

|                                                                                                                                                                                                                                     |           |                                             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|---------------|
| DESIGN                                                                                                                                                                                                                              | PH        | <b>DART AEROSPACE USA, INC</b>              |               |
| DRAWN                                                                                                                                                                                                                               | ML        | EUGENE, OR                                  |               |
| CHECKED                                                                                                                                                                                                                             | CP        | DRAWING NO.                                 | REV. J        |
| MFG. APPR.                                                                                                                                                                                                                          | <i>CP</i> | D3391                                       | SHEET 5 OF 11 |
| APPROVED                                                                                                                                                                                                                            | <i>CP</i> | TITLE                                       | SCALE         |
| DE APPR.                                                                                                                                                                                                                            | <i>CP</i> | 412 FLOAT SKIDTUBE                          | NTS           |
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#### D3391-015 AFT TUBE ASSEMBLY PARTS LIST

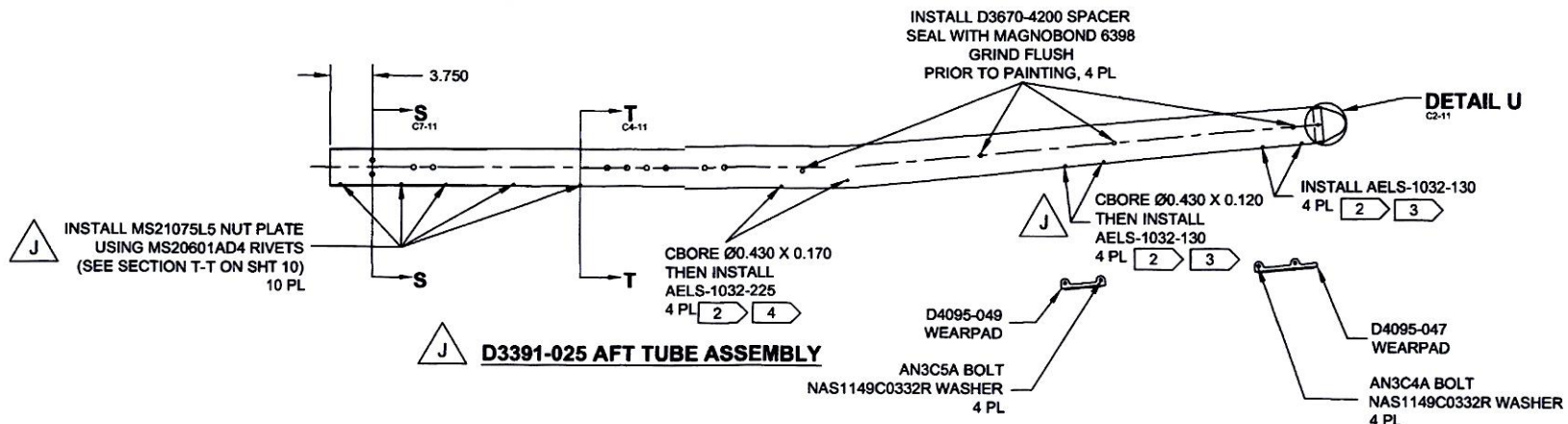
| QTY<br>-015 | PART NUMBER   | DESCRIPTION         |
|-------------|---------------|---------------------|
| X           | D3391-015     | AFT TUBE ASSEMBLY   |
| 1           | D2646         | AFT CAP             |
| 1           | D3391-3       | AFT TUBE            |
| 14          | D3670-4200    | SPACER              |
| 2           | D3672-1       | WASHER              |
| 1           | D4095-049     | WEARPAD             |
| 1           | D4095-047     | WEARPAD             |
| 8           | AELS-1032-130 | INSERT              |
| 4           | AELS-1032-225 | INSERT              |
| 4           | ALS4-428-165  | INSERT              |
| 6           | AN3C4A        | BOLT                |
| 4           | AN3C5A        | BOLT                |
| 20          | MS20601AD4    | RIVET, BLIND        |
| 10          | MS21075L5     | NUT PLATE, FLOATING |
| 10          | NAS1149C0332R | WASHER              |

#### NOTES:

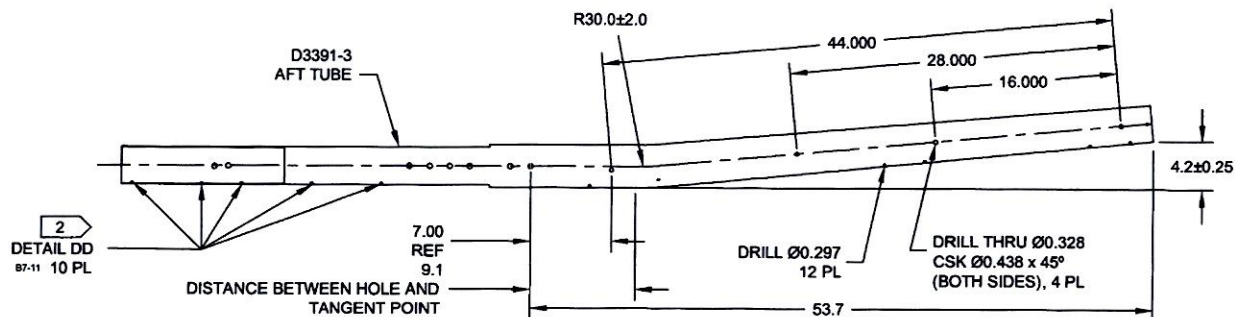
- 1) COAT ALL EXPOSED FASTENERS WITH LPS "LPS PROCYON"
- 2) USE DART DRILL TEMPLATE DT8217 TO LOCATE AND DRILL Ø0.297 AND Ø0.375 HOLES FOR WEARSHOE INSERTS AND NUTPLATES. CBORE AS NOTED AND INSTALL INSERT/NUTPLATES EXCEPT WHERE INDICATED.
- 3) ENSURE WALL THICKNESS IS BETWEEN 0.070 AND 0.130 BEFORE INSTALLING INSERT
- 4) ENSURE WALL THICKNESS IS BETWEEN 0.130 AND 0.225 BEFORE INSTALLING INSERT

|            |          |                                                                                                                                                                                                                                                                                     |               |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | PH       | <b>DART AEROSPACE USA, INC</b><br>EUGENE, OR                                                                                                                                                                                                                                        |               |
| DRAWN      | ML       |                                                                                                                                                                                                                                                                                     |               |
| CHECKED    | CP       | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. J        |
| MFG. APPR. |          | D3391                                                                                                                                                                                                                                                                               | SHEET 8 OF 11 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                               | SCALE         |
| DE APPR.   |          | 412 FLOAT SKIDTUBE                                                                                                                                                                                                                                                                  | NTS           |
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2016-04-28



**D3391-025 AFT TUBE ASSEMBLY**



**BENDING AND DRILLING DETAIL**

**D3391-025 AFT TUBE ASSEMBLY PARTS LIST**

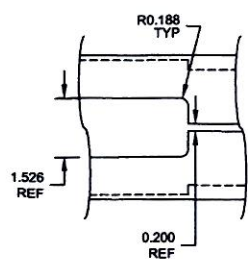
| QTY | PART NUMBER   | DESCRIPTION        |
|-----|---------------|--------------------|
| X   | D3391-025     | AFT TUBE ASSEMBLY  |
| 1   | D2646         | AFT CAP            |
| 1   | D3391-3       | AFT TUBE           |
| 4   | D3670-4200    | SPACER             |
| 2   | D3672-1       | WASHER             |
| 1   | D4095-049     | WEARPAD            |
| 1   | D4095-047     | WEARPAD            |
| 8   | AELS-1032-130 | INSERT             |
| 4   | AELS-1032-225 | INSERT             |
| 6   | AN3C4A        | BOLT               |
| 4   | AN3C5A        | BOLT               |
| 20  | MS20601AD4    | RIVET, BLIND       |
| 10  | MS21075L5     | NUT PLATE FLOATING |
| 10  | NAS1149C0332R | WASHER             |

**NOTES:**

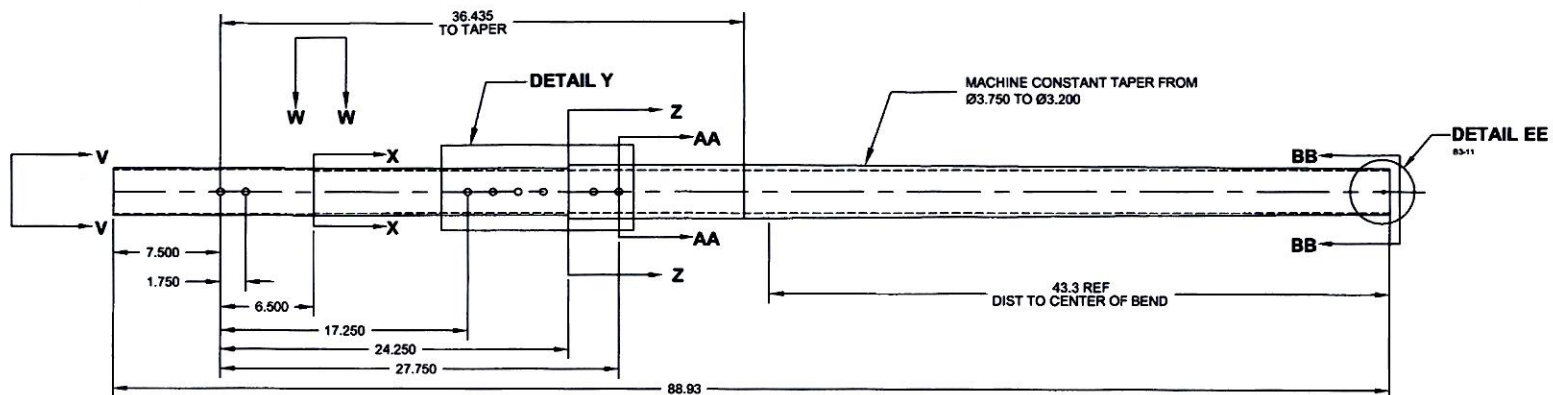
- 1) COAT ALL EXPOSED FASTENERS WITH LPS "LPS PROCYON"
- 2) USE DART DRILL TEMPLATE DT8217 TO LOCATE AND DRILL Ø0.297 AND Ø0.375 HOLES FOR WEARSHOE INSERTS AND NUTPLATES. C'BORE AS NOTED AND INSTALL INSERT/NUTPLATES EXCEPT WHERE INDICATED. USE NUT PLATE DRILL JIG IF REQUIRED.
- 3) ENSURE WALL THICKNESS IS BETWEEN 0.070 AND 0.130 BEFORE INSTALLING INSERT
- 4) ENSURE WALL THICKNESS IS BETWEEN 0.130 AND 0.225 BEFORE INSTALLING INSERT

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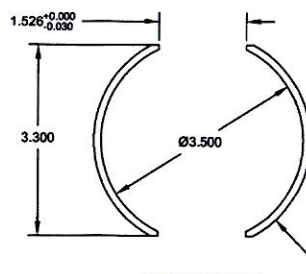
|                                                                                                                                                                                                                                    |                                                                                       |                                             |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------|---------------|
| DESIGN                                                                                                                                                                                                                             | PH                                                                                    | <b>DART AEROSPACE USA, INC</b>              |               |
| DRAWN                                                                                                                                                                                                                              | ML                                                                                    | EUGENE, OR                                  |               |
| CHECKED                                                                                                                                                                                                                            | CP                                                                                    | DRAWING NO.                                 | REV. J        |
| MFG. APPR.                                                                                                                                                                                                                         |                                                                                       | D3391                                       | SHEET 9 OF 11 |
| APPROVED                                                                                                                                                                                                                           |  | TITLE                                       | SCALE         |
| DE APPR.                                                                                                                                                                                                                           |  | AFT TUBE ASSEMBLY                           | NTS           |
| DATE                                                                                                                                                                                                                               | 16.01.14                                                                              | COPYRIGHT © 2005 BY DART AEROSPACE USA, INC |               |
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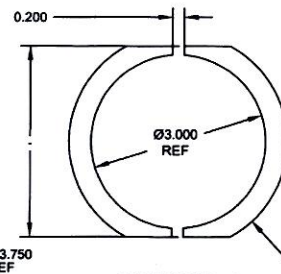
**VIEW W-W**  
SCALE 4X



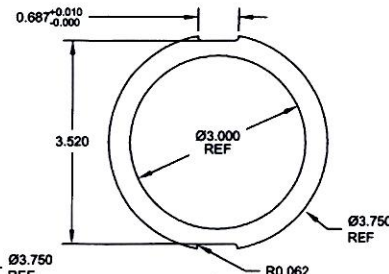
**D3391-3 AFT DRILLING AND CUTTING DETAIL**  
(MAKE FROM D6014-090)



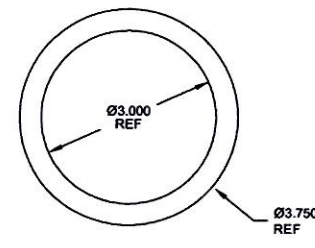
**SECTION V-V**  
SCALE 4X



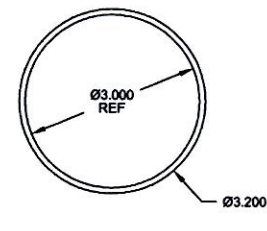
**SECTION X-X**  
SCALE 4X



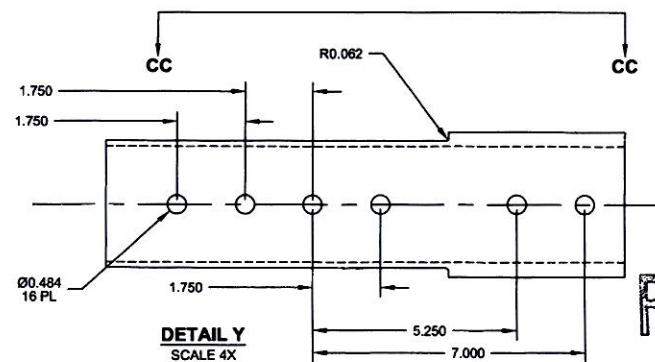
**SECTION Z-Z**  
SCALE 4X



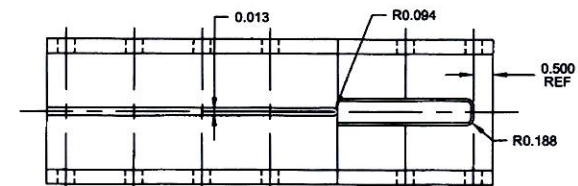
**SECTION AA-AA**  
SCALE 4X



**SECTION BB-BB**  
SCALE 4X



**DETAIL Y**  
SCALE 4X

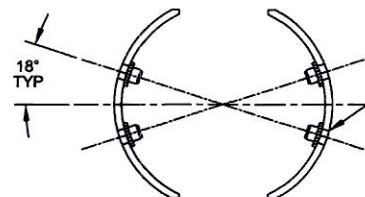


**VIEW CC-CC**

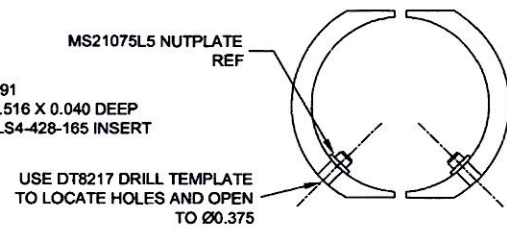
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| DRAWN                                                                                                                                                                                                                               | ML       | EUGENE, OR                                  |                |
| CHECKED                                                                                                                                                                                                                             | CP       | DRAWING NO.                                 | REV. J         |
| MFG. APPR.                                                                                                                                                                                                                          | DEF      | D3391                                       | SHEET 10 OF 11 |
| APPROVED                                                                                                                                                                                                                            | DEF      | TITLE                                       | SCALE          |
| DE APPR.                                                                                                                                                                                                                            | DEF      | 412 FLOAT SKIDTUBE                          | NTS            |
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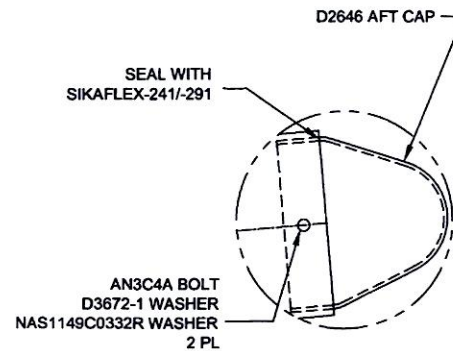




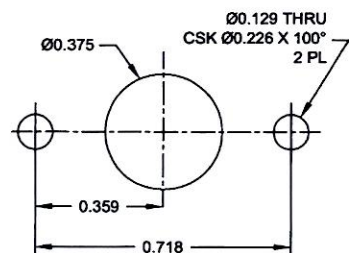
**SECTION S-S**  
SCALE 5X



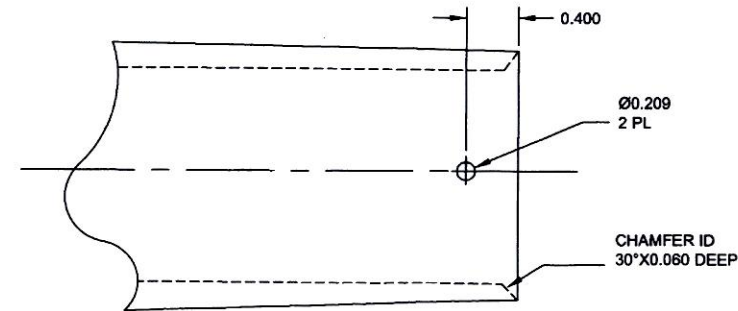
**SECTION T-T**  
SCALE 5X  
5 PL  
J



**DETAIL U**  
SCALE 5X



**DRILLING DETAIL DD**  
SCALE 10X  
J  
1



**DETAIL EE**  
SCALE 2X  
J

**NOTES:**  
1) USE INDUSTRY STANDARD NUT PLATE DRILL JIG IF REQUIRED.

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|            |           |                                                                                                                                                                                                                                                                                                   |                |
|------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
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| DRAWN      | ML        | EUGENE, OR                                                                                                                                                                                                                                                                                        |                |
| CHECKED    | CP        | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. J         |
| MFG. APPR. | <i>CP</i> | D3391                                                                                                                                                                                                                                                                                             | SHEET 11 OF 11 |
| APPROVED   | <i>ML</i> | TITLE                                                                                                                                                                                                                                                                                             | SCALE          |
| DE APPR.   | <i>ML</i> | AFT TUBE ASSEMBLY                                                                                                                                                                                                                                                                                 | NTS            |
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